

## Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

### **Women's Health Status Questionnaire (HSW) - Intervention Arm**

#### Note on Personal Customization:

The HSQ forms were customized for each participant in the intervention arm to include the dates of their most recent PLCO screening exams. Question wording was slightly different (than shown in this document) for participants who never received one or more of the PLCO screening exam modalities during the trial. For example, if an intervention arm participant never received a chest x-ray as part of the trial, then the phrases “the date of your last PLCO screening chest x-ray” and “(Excluding PLCO chest x-rays)” were excluded (from questions 3a and 3b respectively). Similar wording changes were applied to questions on flexible sigmoidoscopy, transvaginal ultrasound, and CA-125 blood test.



### Women's Health Status Questionnaire (HSW)

<p>4a. Have you ever had a Spiral CT (Computed Tomography) of your chest?</p> <p>4b. When did you have your most recent Spiral CT of your chest?</p> <p>4c. What was the main reason you had this Spiral CT of your chest?</p>	<p>1 <input type="checkbox"/> Yes            2 <input type="checkbox"/> No (GO TO ITEM 5a)            3 <input type="checkbox"/> Don't Know (GO TO ITEM 5a)</p> <p>1 <input type="checkbox"/> Within the past year            2 <input type="checkbox"/> 1 to 2 years ago            3 <input type="checkbox"/> 2 to 3 years ago            4 <input type="checkbox"/> More than 3 years ago            5 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific health problem            2 <input type="checkbox"/> Follow-up to a previous health problem            3 <input type="checkbox"/> Part of a routine physical exam</p>
<p>5a. Have you ever had a pelvic examination?</p> <p>5b. When did you have your most recent pelvic examination?</p> <p>5c. What was the main reason you had this pelvic examination?</p>	<p>1 <input type="checkbox"/> Yes            2 <input type="checkbox"/> No (GO TO ITEM 6a)            3 <input type="checkbox"/> Don't Know (GO TO ITEM 6a)</p> <p>1 <input type="checkbox"/> Within the past year            2 <input type="checkbox"/> 1 to 2 years ago            3 <input type="checkbox"/> 2 to 3 years ago            4 <input type="checkbox"/> More than 3 years ago            5 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific health problem            2 <input type="checkbox"/> Follow-up to a previous health problem            3 <input type="checkbox"/> Part of a routine physical exam</p>
<p>6a. Outside of the PLCO study, have you had a transvaginal ultrasound examination (TVU) since ___/___/___ (mm/dd/yyyy), the date of your last PLCO screening TVU?</p> <p>6b. When did you have your most recent transvaginal ultrasound examination (Excluding PLCO TVUs)?</p> <p>6c. What was the main reason you had this transvaginal ultrasound examination?</p>	<p>1 <input type="checkbox"/> Yes            2 <input type="checkbox"/> No (GO TO ITEM 7a)            3 <input type="checkbox"/> Don't Know (GO TO ITEM 7a)</p> <p>1 <input type="checkbox"/> Within the past year            2 <input type="checkbox"/> 1 to 2 years ago            3 <input type="checkbox"/> 2 to 3 years ago            4 <input type="checkbox"/> More than 3 years ago            5 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific health problem            2 <input type="checkbox"/> Follow-up to a previous health problem            3 <input type="checkbox"/> Part of a routine physical exam</p>

### Women's Health Status Questionnaire (HSW)

<p>7a. Have you ever had a mammogram?</p> <p>7b. When did you have your most recent mammogram?</p> <p>7c. What was the main reason you had this mammogram?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (GO TO ITEM 8a)</p> <p>3 <input type="checkbox"/> Don't Know (GO TO ITEM 8a)</p> <p>1 <input type="checkbox"/> Within the past year</p> <p>2 <input type="checkbox"/> 1 to 2 years ago</p> <p>3 <input type="checkbox"/> 2 to 3 years ago</p> <p>4 <input type="checkbox"/> More than 3 years ago</p> <p>5 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific breast problem</p> <p>2 <input type="checkbox"/> Follow-up to a previous health problem</p> <p>3 <input type="checkbox"/> Part of a routine physical exam</p>
<p>8a. Have you ever had a barium enema to examine your colon and rectum?</p> <p>8b. When did you have your most recent barium enema to examine your colon and rectum?</p> <p>8c. What was the main reason you had this barium enema to examine your colon and rectum?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (GO TO ITEM 9a)</p> <p>3 <input type="checkbox"/> Don't Know (GO TO ITEM 9a)</p> <p>1 <input type="checkbox"/> Within the past year</p> <p>2 <input type="checkbox"/> 1 to 2 years ago</p> <p>3 <input type="checkbox"/> 2 to 3 years ago</p> <p>4 <input type="checkbox"/> 3 to 4 years ago</p> <p>5 <input type="checkbox"/> 4 to 5 years ago</p> <p>6 <input type="checkbox"/> More than 5 years ago</p> <p>7 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific health problem</p> <p>2 <input type="checkbox"/> Follow-up to a previous health problem</p> <p>3 <input type="checkbox"/> Part of a routine physical exam</p>
<p>9a. Outside of the PLCO study, have you had a flexible sigmoidoscopy examination (FSG) of your colon and rectum since ___/___/___ (mm/dd/yyyy), the date of your last PLCO screening FSG?</p> <p>9b. When did you have your most recent flexible sigmoidoscopy examination of your colon and rectum (Excluding PLCO FSGs)?</p> <p>9c. What was the main reason you had this flexible sigmoidoscopy examination of your colon and rectum?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (GO TO ITEM 10a)</p> <p>3 <input type="checkbox"/> Don't Know (GO TO ITEM 10a)</p> <p>1 <input type="checkbox"/> Within the past year</p> <p>2 <input type="checkbox"/> 1 to 2 years ago</p> <p>3 <input type="checkbox"/> 2 to 3 years ago</p> <p>4 <input type="checkbox"/> 3 to 4 years ago</p> <p>5 <input type="checkbox"/> 4 to 5 years ago</p> <p>6 <input type="checkbox"/> More than 5 years ago</p> <p>7 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific health problem</p> <p>2 <input type="checkbox"/> Follow-up to a previous health problem</p> <p>3 <input type="checkbox"/> Part of a routine physical exam</p>

### Women's Health Status Questionnaire (HSW)

10a. Have you ever had a colonoscopic examination of your colon and rectum?

- 1  Yes  
 2  No (GO TO ITEM 11a)  
 3  Don't Know (GO TO ITEM 11a)

10b. When did you have your most recent colonoscopic examination of your colon and rectum?

- 1  Within the past year  
 2  1 to 2 years ago  
 3  2 to 3 years ago  
 4  3 to 4 years ago  
 5  4 to 5 years ago  
 6  More than 5 years ago  
 7  Don't Know

10c. What was the main reason you had this colonoscopic examination of your colon and rectum?

- 1  Because of a specific health problem  
 2  Follow-up to a previous health problem  
 3  Part of a routine physical exam

11a. Have you ever had a test for blood in the stool?

- 1  Yes  
 2  No (GO TO ITEM 12a)  
 3  Don't Know (GO TO ITEM 12a)

11b. When did you have your most recent test for blood in stool?

- 1  Within the past year  
 2  1 to 2 years ago  
 3  2 to 3 years ago  
 4  3 to 4 years ago  
 5  4 to 5 years ago  
 6  More than 5 years ago  
 7  Don't Know

11c. What was the main reason you had this test for blood in the stool?

- 1  Because of a specific health problem  
 2  Follow-up to a previous health problem  
 3  Part of a routine physical exam

### Women's Health Status Questionnaire (HSW)

- |                                                                         |                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>12a. Have you ever had your blood pressure checked?</p>              | <p>1 <input type="checkbox"/> Yes<br/>         2 <input type="checkbox"/> No (GO TO ITEM 13a)<br/>         3 <input type="checkbox"/> Don't Know (GO TO ITEM 13a)</p>                                                                                                                     |
| <p>12b. When did you have your most recent blood pressure check?</p>    | <p>1 <input type="checkbox"/> Within the past year<br/>         2 <input type="checkbox"/> 1 to 2 years ago<br/>         3 <input type="checkbox"/> 2 to 3 years ago<br/>         4 <input type="checkbox"/> More than 3 years ago<br/>         5 <input type="checkbox"/> Don't Know</p> |
| <p>12c. What was the main reason you had this blood pressure check?</p> | <p>1 <input type="checkbox"/> Because of a specific health problem<br/>         2 <input type="checkbox"/> Follow-up to a previous health problem<br/>         3 <input type="checkbox"/> Part of a routine physical exam</p>                                                             |

- |                                                                                               |                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>13a. Have you ever had a test to check your blood cholesterol level?</p>                   | <p>1 <input type="checkbox"/> Yes<br/>         2 <input type="checkbox"/> No (GO TO ITEM 14a)<br/>         3 <input type="checkbox"/> Don't Know (GO TO ITEM 14a)</p>                                                                                                                     |
| <p>13b. When did you have your most recent test to check your blood cholesterol level?</p>    | <p>1 <input type="checkbox"/> Within the past year<br/>         2 <input type="checkbox"/> 1 to 2 years ago<br/>         3 <input type="checkbox"/> 2 to 3 years ago<br/>         4 <input type="checkbox"/> More than 3 years ago<br/>         5 <input type="checkbox"/> Don't Know</p> |
| <p>13c. What was the main reason you had this test to check your blood cholesterol level?</p> | <p>1 <input type="checkbox"/> Because of a specific health problem<br/>         2 <input type="checkbox"/> Follow-up to a previous health problem<br/>         3 <input type="checkbox"/> Part of a routine physical exam</p>                                                             |

<b>Women's Health Status Questionnaire (HSW)</b>	
14a. Have you ever had a test to check your blood glucose (sugar) level?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 15a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 15a)
14b. When did you have your most recent test to check your blood glucose (sugar) level?	1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> More than 3 years ago 5 <input type="checkbox"/> Don't Know
14c. What was the main reason you had this test to check your blood glucose (sugar) level?	1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam
15a. Outside of the PLCO study, have you had a CA-125 blood test for ovarian cancer since ___/___/___ (mm/dd/yyyy), the date of your last PLCO screening CA-125 test?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 16) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 16)
15b. When did you have your most recent CA-125 blood test for ovarian cancer (Excluding PLCO CA-125 blood tests)?	1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> More than 3 years ago 5 <input type="checkbox"/> Don't Know
15c. What was the main reason you had this CA-125 blood test for ovarian cancer?	1 <input type="checkbox"/> Because of a specific problem with your ovaries 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam
16. Today's Date:	_ _  /  _ _  /  _ _ _ _  MO DAY YEAR

Thank you for completing this questionnaire. Please return this form to:

SC Name  
Address

Public Reporting Burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Officer, 6701 Rockledge Drive, MSC 7730, Bethesda, MD 20892-7730. Attention: PRA (0925-0407). Do not return the completed form to this address.

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1. Method of Administration:	
1 <input type="checkbox"/>	Self-Administered
2 <input type="checkbox"/>	Self-Administered with Assistance
3 <input type="checkbox"/>	Telephone Administered
4 <input type="checkbox"/>	In-person Interview
2. If Completion Date was estimated, check: 1 <input type="checkbox"/>	